

Case Number:	CM15-0112853		
Date Assigned:	06/19/2015	Date of Injury:	05/30/2011
Decision Date:	07/28/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old female, who sustained an industrial injury on 05/30/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervicalgia, right shoulder bursal surface rotator cuff tear, and right shoulder pain. Treatment and diagnostic studies to date has included magnetic resonance imaging with arthrogram of the shoulder, physical therapy, and psychiatric therapy. In a progress note dated 04/30/2015 the treating physician reports increased pain to the right shoulder and chest post magnetic resonance imaging with arthrogram performed on 02/13/2015. The treating physician notes the injured worker to have pain and numbness to the right side of the neck that radiates to the last three digits to the hand, numbness to the thumb and first digits, and increased weakness to the right hand. Examination reveals decreased range of motion to the cervical spine, tenderness with moderate spasm to the right cervical paravertebral muscles and the trapezius muscles, numbness and pain from the neck to the last three digits of the right hand, right grip strength that is less than the left, right hand that is cooler than the left, decreased range of motion to the shoulder with pain, and decreased muscle strength to the shoulder. The treating physician noted that the injured worker completed physical therapy but the documentation provided did not indicate the quantity of prior physical therapy session. The treating physician also noted that he injured worker did not have improvement with prior physical therapy along with the injured worker noting that prior physical therapy has not assisted her. The treating physician requested physical therapy for the right shoulder for twelve visits at

two times a week for six weeks with the treating physician noting that previous therapy has been beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy for the right shoulder - 12 visits (2x/wk x 6 wks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9, 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury and May 2011 and continues to be treated for right upper extremity pain. Diagnoses include right shoulder impingement, brachial plexopathy, and CRPS. When seen, there was decreased cervical spine range of motion and tenderness. There was decreased and painful shoulder range of motion. There was decreased upper extremity strength. The claimant is being treated for chronic pain and has had physical therapy variably reported effectiveness. In terms of physical therapy treatment for chronic pain, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of additional skilled physical therapy services requested is in excess of what might be needed to reestablish or revise her home exercise program. The request was not medically necessary.